

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 12 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000085444

**1. Corporation Name**

VISTA OCEAN CLUB CORPORATION

8360 WEST FLAGLER

8360 WEST FLAGLER

**2. Principal Office Address**

8360 WEST FLAGLER

**3. Mailing Office Address**

8360 WEST FLAGLER

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33144

Country

USA

Zip

33144

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 08/29/01

**5. FEI Number**

90-0189278

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

LUIS RIOS

Street Address (P.O. Box Number is Not Acceptable)

8360 WEST FLAGLER

Suite, Apt. #, Etc.

SUITE 200

City

MIAMI

State

FL

Zip Code

33144

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Date

8/9/04

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	CARLOS A. SANCHEZ-CASTRO	8360 W. FLAGLER, SUITE 200	MIAMI, FL 33144
			200040144762 08/12/04 01070 001 \$300.00

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/02/04

Date

305-554-7229

Daytime Phone #

CR2E081 (01/04)